

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U - <i>11841</i> <i>Not Assigned</i>	2. Fiscal Year Covered From: <i>9 / 1 / 2003 Through: 8 / 31 / 2004</i>
3. Name and address of person filing.  Name Brian E Urquhart  P.O. Box, Bldg., Room No., if any Suite 104  Street 4515 Culver Road  City Rochester  State New York ZIP Code + 4 14622	4. Name, file number, and address of labor organization.  Name Asbestos Workers Local 26  Labor Organization File Number 542-927  P.O. Box, Building and Room Number, if any Suite 104  Street 4515 Culver Road  City Rochester  State New York ZIP Code + 4 14622
5. Position in labor organization. <i>Business Manager</i>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
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Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Brian E Urquhart*

On 08/15/2003

Date

(585) 323-1620

Telephone Number

Name of Person Filing Brian Urquhart

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any):

Name Asbestos Workers Local 26

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 104

Street 4515 Culver Road

City Rochester

State New York ZIP Code + 4 14622

## 10. If 9.b. or 9.c. is checked give trust or employer's name:

Name Asbestos Workers Local 26 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 104

Street 4515 Culver Road

City Rochester

State New York ZIP Code + 4 14622

## 9. Business deals with:

- a. Labor Organization  
 b. Trust  
 c. Employer

## 11.a. Nature of such dealing.

Cost sharing agreement between Asbestos Workers Local 26 Pension Fund and Asbestos Workers Local 26 Union. All payments were made to reimburse expenses for Business Managers time and expense for the benefit funds.

## 11.b. Approximate dollar value of such dealing.

\$48,747

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any):

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer  or Consultant  ?

## 14.b. Amount of payment.